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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Commissioner for Patents, Washington, D.C. 20231.

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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)					
Attorney Docket Number	50026/012003				
Applicant	Keiya Ozawa et al.	Keiya Ozawa et al.			
Title		ELECTIVE PROLIFERATIVE ACTIVITY			
PRIORITY INFORMATION:					
This application is a divisional of and claims priority from United States patent application 09/142,305, filed September 10, 1999, which claims priority to PCT/JP97/00687, filed March 5, 1997, which claims benefit of Japanese patent application 8/47796, filed March 5, 1996.					
SMALL ENTITY STATUS:					
■ Applicant claims small entity status under 37 C.F.R. § 1.27.					
APPLICATION ELEMENTS:					
Cover sheet		1 page			
Specification		15 pages			
Claims		2 pages			
Abstract		1 page			
Drawing		13 sheets			
Combined Declaration and POA, v	which is:	3 pages			
☐ Unsigned;					
☐ Newly signed for this application	n;				
■ A copy from prior application 09 disclosure of the prior application in part of the disclosure of this new a incorporated by reference therein.	is considered as being application and is hereby				
Sequence Statement					
Sequence Listing on Paper					
Sequence Listing on Diskette					
Small Entity Statement, which is:					
☐ Unsigned;					

□ Newly signed for this application;	1 page			
■ A copy from prior application 09/142,305 and such small				
entity status is still proper and desired.				
Preliminary Amendment	2 pages			
IDS	5 pages			
Form PTO 1449	3 pages			
Cited References				
Recordation Form Cover Sheet and Assignment				
Assignee's Statement				
English Translation				
Certified Copy of Priority Document				
Return Receipt Postcard	1			
FILING FEES:				
Basic Filing Fee: \$355	\$355.00			
Excess Claims Fee: 11 - 20 x \$9	\$0			
Excess Independent Claims Fee: 0 - 3 x \$40	\$0			
Multiple Dependent Claims Fee: \$135	\$135.00			
Total Fees:	\$490.00			
■ Enclosed is a check for \$490.00 to cover the total fees.				
☐ Charge [\$**AMOUNT**] to Deposit Account No. 03-2095 to	cover the total fees.			
☐ The filing fee is not being paid at this time.				
■ Please apply any other charges, or any credits, to Deposit	Account No. 03-2095.			
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Signature James D. De Camp, Ph.D. Reg. No. 43,580	/ Date			

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